

**CONFIDENTIAL**

PSG/AID-406/68

## ATTACHMENT B

Please complete this attachment and return to MSS/AID/PSG, Attention  
 room 6N 222, by 18 December 1968.

25X1

I. Please place an X in the appropriate columns.

|           | <u>Presently<br/>Useful</u> | <u>No Present<br/>Need</u> | <u>Would Like<br/>To Receive</u> | <u>Did Not Know<br/>Report Existed</u> |
|-----------|-----------------------------|----------------------------|----------------------------------|--|
| 002       |                             | X                          |                                  |  |
| 004       |                             | X                          |                                  |  |
| 005       |                             | X                          |                                  |  |
| 006       |                             | X                          |                                  |  |
| 007       |                             | X                          |                                  |  |
| 008       |                             | X                          |                                  |  |
| 011       |                             | X                          |                                  |  |
| 013       |                             | X                          |                                  |  |
| Option 1  |                             | X                          |                                  |  |
| Option 2  |                             | X                          |                                  |  |
| Option 3  |                             | X                          |                                  |  |
| Option 4  |                             | X                          |                                  |  |
| Option 5  |                             | X                          |                                  |  |
| Option 6  |                             | X                          |                                  |  |
| Option 7  |                             | X                          |                                  |  |
| Option 10 |                             | X                          |                                  |  |
| Option 11 |                             | X                          |                                  |  |

II. In addition to the reports listed above, I would like to receive these weekly/monthly reports (describe in detail):

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ATTACHMENT B (CONTINUED)

III. General comments concerning the MIS:

IV. Please indicate the following:

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Component (group, division, branch, or staff) - *TSSG/SSD/comma*

Component code (as recorded on time sheets) - *T 45*

Room number (mail address) - *25317*

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